



Office of Congressman Mike Coffman

3300 S. Parker Road, Cherry Creek Place IV Suite #305, Aurora, CO 80014

Main: (720) 748-7514 | Fax: (720) 748-7680

CASEWORK AUTHORIZATION & PRIVACY ACT RELEASE FORM *Immigration/Citizenship Request*

Full Name: _____ ☐ Mr. ☐ Ms.

Street Address/Apt #: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Name of Petitioner: _____ Name of Beneficiary: _____

Country of Birth: _____ Residence of Beneficiary: _____

Date of Birth: _____ U.S. Embassy handling case: _____

Alien Registration #: _____ Type of Visa used to enter U.S.: _____

Type of application filed: _____ Receipt Number: _____

Priority Date: _____

Have you contacted your U.S. Senator or any other Congressional office? _____

Do you have an attorney handling this case? _____

Have you changed your address in the past 6 months? _____

Have you petitioned for any relatives to live in the U.S. permanently? _____

Do you have any pending issues with the IRS? _____

Have you been charged with any crimes while residing in the U.S.? _____

Please describe the issue that you would like Congressman Coffman's assistance with: _____

I, _____, hereby authorize Congressman Mike Coffman's office and his staff, under penalty of perjury, to work on my behalf with any Federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

By signing this form I affirm that the above information is true and correct. Failure to disclose all information or any deliberate attempt to mislead this office may result in the discontinuance of assistance.

Signature

Date